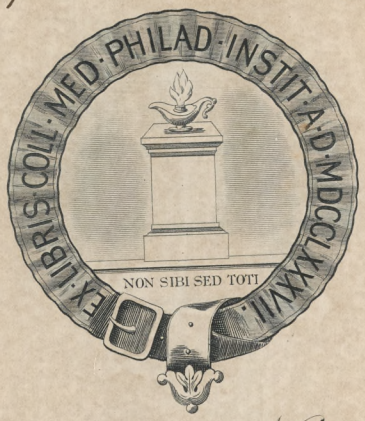

Chapman's Lectures

Vol. 13th.

~~Iodide~~

Hydriodate of potash —

Scrofula continued from the last Vol.—

As I have detailed, such is the constitutional treatment which is best suited to the early, or what I call the inflammatory stage of ~~Drufry~~ Scrofula. But the swellings or tumours also demand care, and may be beneficially treated by topical remedies. When the tumours are painful & inflammatory, bleeding by leeches should be prescribed, and afterwards the ordinary discutient applications of a cooling or sedative nature should be resorted to. But it often happens that the swellings are indolent; and then it becomes proper to use stimulants. Lotions of salt water, or frictions of mercury combined with camphor are very useful. Blisters successively applied are also used with advantage, and of late an ointment made of emetic tartar has been greatly extolled. It is made by uniting 1 drachm of tartar-emetic to 1 oz. of ~~laudanum~~ lard. All our endeavours to discuss the tumours are sometimes abortive; and then, when they show a disposition to suppurate, this should be encouraged. For this purpose hot ~~lo~~ brine, hot lye, or hot spirits may

be employed. A question has been proposed, how far it is right to open a scrofulous abscess, even after maturation has been completed. By many it is supposed that an exposure to air renders the discharge more acrid, and retards the healing of the ulcers. But I suspect that there is no foundation for these fears, and the pus may be safely let out when it appears to be necessary. But the incision should not always be opened. In a large majority of instances, instead of pus, a variety of other matters, resembling in some respects the curds of milk, is contained in the cavity. In all cases of this kind, no advantage would be derived from opening the abscess. But when pus has been collected, this operation affords relief, and hastens the progress of the cure.—

Hitherto I have been considering the most favourable form of Scrofula, and that least difficult of cure. As the disease advances, & when it becomes associated with a depraved condition of the system, it assumes a more formidable appearance. Considerable emaciation & debility occur, and the ulcers presents various appearances, sometimes being flabby & phagedenic, & sometimes fungous & irritable. The leading indication is here to give

tone and healthy action to the system, and this is done 1st. by correcting its vitiated condition. The remedies for this purpose are exceedingly numerous, and all of them so strongly recommended, that it is a perplexing task to make a choice. During the dominion of the pathology which locates scrofula in the fluids, the alkalis were given, and have always possessed more or less reputation. But except in cases accompanied with acid in the stomach, I do not suspect that they are of any advantage. Lime water has also been highly recommended. Two remedies have lately been introduced into the treatment of scrofula; I allude to the muriate of Baryte, and muriate of Lime. But already have they experienced the fate of most other remedies in this disease. Notwithstanding all which has been said of their efficacy, they have been rejected, and are no longer prescribed in Europe or this country. They have been proved to make no impression on the disease, or are exceedingly nauseous to the stomach. Much more may be anticipated from the narcotic articles, variously administered so as to be ~~action~~ in exhibit active effects on the system.

Of these the Cicuta, a remedy introduced by Baron Stork, ~~has~~ has acquired a great reputation; though it does not possess so much the confidence of practitioners as when it was originally introduced. My own experience is much in its favour, so, from employing it in a large number of cases I have found it useful in every stage, as well for the dissipation of the tumour, as to place the system in a condition favourable for the healing of the fungous & irritable ulcers. But to produce its full effect it should be given in large quantities. Beginning with moderate doses, you should rapidly increase them, till 1oz. or more of the extract is taken daily. Undoubtedly the article has lost much reputation from the timid hand with which it ~~has been employed~~ is commonly employed. It is by no means rare in the practice of this city, to give 1oz. of the extract in the course of 24 hours. But it is proper to begin with moderate doses, & gradually to increase the quantity. It is a rule, never to stop augmenting the dose, till ~~sensible~~ the medicine sensibly affects the patient, by exciting giddiness, & other nervous affections. Exactly under these circumstances of the disease, I have

employed, and with good effect the stramonium. It may be exhibited as freely & as safely, though I do not know that it is as powerful as the hemlock; though it sometimes succeeds where the other fails, & perhaps they might be alternated with great advantage. Other narcotics, as henbane, belladona, night shade, and opium have been much employed in this stage of scrofula. But the two last alone retain sufficient popularity, to entitle them to particular notice. The night-shade is an important remedy in scrofula, as I have witnessed in my own practice, & still more extensively in the Hospitals of Europe. Of the use of opium I shall not say much. The case in which this is most useful is where there is great irritation of the general system, and of the local affection, and here its utility is indisputable. Some writers recommend to combine with the narcotics, small portions of mercury, and especially of the corrosive sublimate; and the practice is much employed & greatly extolled at the present time. Though calomel in the early stages will answer very well, and is preferable to the other preparations, in the last stage the corrosive sublimate is a better medicine, and may be prescribed in combination with opium, cicuta, or some other of the class of narcotick remedies.

[ L ] To meet precisely the same view, various diaphoretics, which are commonly considered as purifyers of the blood, are much & beneficially employed. Guiacum, Sasaparilla, Mezereon, and Sassafras, either alone, or ~~in co~~ united in the shape of the Lisbon Diet drink are copiously used in this case. It has of late become fashionable with some physicians, to confide not a little in the powers of arsenic in this stage of the disorder. The unquestionable utility of the article in Cancer, a complaint which bears a close resemblance to the more inveterate forms of Scrofula, probably first suggested its employment. But, so far as I know, the testimony in favour of arsenic in Scrofulous affections is exceedingly limited, and wants confirmation.

The general remedies most applicable to the disease, have now been enumerated. But, connected with this stage of Scrofula, the ulcers demand particular attention. As the consideration of these, however, seems to appertain more immediately to the province of Surgery, I will dismiss them with a few general remarks. It appears to be universally admitted, that Scrofulous sores,

under ordinary circumstances, do best with the very mildest dressings. Lotions of a weak solution of zinc & lead, of salt & water, or common water alone, applied by cloths, will answer very well; and when ointments are preferred, the simplest should always be selected. But the ulcers sometimes assume a more malignant character, and exact according other modes of treatment. In scrofulous sores which are large & inert, ~~some~~ stimulant applications should be made; ~~the best of wh~~ generality of which are sufficiently known to all of you. It is right, however, to mention, that of these applications, a strong solution of white vitriol has, at present much of the confidence of practitioners. It has even been recommended to saturation. But I have found, that in all the cases in which I have used it in this way, however large & indolent was the ulcer, so much inflammation and irritation were occasioned, that I was forced to lay it aside. The proper proportion is one drachm of the white vitriol to 8 oz. of water. But we sometimes meet with scrofulous ulcers of a character directly the reverse. It is not uncommon to see them shooting up luxuriant & fungous

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granulations, which, if not repressed by lenient means, must be destroyed by the application of escharotics. Nor is it a rare circumstance, to meet with sores of a peculiarly irritable & painful nature, counterfeiting, in every particular, real & genuine cancer; and demanding for their relief washes & poultices of cicuta, dulcamara, & the narcotics generally. Cloths wet with a solution of opium, and applied to the diseased part, are productive of great advantage, and hardly ever fail to afford ease & comfort, when they are not productive of more permanent utility. It may be collected from what I have said, that the local affections are not a little diversified; and, on the whole, much must be left to the discernment of the practitioner, who is to vary his treatment according to the character of the ulcer, remembering, however, that this is always modified by the peculiarity of the disease to which it is incident. But, numerous as are the remedies already enumerated, there are two others to which it is my duty to call your attention. In the course of the last year or two, an indigenous vegetable has acquired some reputation. It is given internally in the shape of decoction, of which as much

may be taken as the stomach of the patient can well bear; and, at the same time, the ulcer is to be washed with the same decoction. Whether the vegetable be which I allude has the power ascribed to it, I cannot pretend to say from any experience of my own. But I learn from several of my medical correspondents, that it has been employed by them with unequivocal advantage. The article is one mentioned on a former occasion, as a ~~cure~~ remedy ~~f~~ in dropsy, & is called in common language Pipsissewa, and by the Botanist Pyrola Umbellata. It grows commonly through the United States, and it is well that you should be acquainted with it. It is sometimes called the Rheumatism weed, from its good effect in that disease as a diaphoretic; & is also known by the popular appellation of the King's cure, ~~from~~ derived from its virtues in ~~so~~ the treatment of Scrofula.

But from this article, which must be considered as of somewhat equivocal utility, I am next to direct your attention to one which I can propose to you with confidence. It is the Nitric acid to which I allude. This medicine was used in European practice many years ago, ~~in~~ in the Scrofulous affections; but it is stated by the latest

writers, that it is not productive of much advantage. I believe that it has fallen into discredit, from the limited doses in which it was employed. It is several years since I trusted the treatment of Scrofula, in all its forms, to the nitric acid as one of the principal remedies; and I can truly declare, that hardly ever have I failed, in one solitary case, to establish an effectual cure, or at least to afford considerable relief. It is best adapted to the treatment of the disease in its advanced stages, which are commonly characterized by a condition of the system, attended with obstinate and irritable ulcers. By giving 3 or 4 drachms in the course of 24 hrs., I repeat that you will hardly ever be disappointed with the remedy. My own experience warrants me in stating, that ulcers, which, if not genuine cancers, ~~may~~ bear so great a resemblance to them that they might easily be confounded, may generally be cured by nitric acid. Within my own observation, 30 or 40 cases of such ulcers have been cured by the medicine alluded to; but there are two which I retain in my memory so perfectly, that I will detail them to you. The 1st. occurred about a year ago. The patient was a woman, who had been attended by 2 or 3 of the most em-

ment physicians of this city. These had finally dismissed her as altogether incurable. Under these circumstances, Dr. Hewson & myself attended her, and we agreed, at my suggestion however, to put the patient on the use of nitric acid in as large doses as could be given with safety; and at the same time to wash the ulcer with the acid much diluted. After we had stimulated the sore sufficiently with this application, we dressed it with some simple ointment, and in a few weeks the patient was perfectly cured. — The 2nd. case was also in a woman, in whom the ulcer was so far advanced, that the whole nose was destroyed, ~~and~~ the palate bones affected, and all the neighbouring parts ~~were~~ disfigured by the ravages of the disease. Two eminent practitioners had decided, that the case was incurable, having found that every thing which they had done, only rendered the patient worse. Under these circumstances she came to me, and I requested Dr. Hewson to see her with me. We treated her in the same manner as in the last case, & with a similar result. The patient recovered in a short time. Whether these were cases of cancer I do not know; for the worst forms of scrofula, so closely resemble that complaint, that there is no

symptom by which one can be distinguished from the other. But I have recently received a communication from Dr. Jackson of Virginia, stating that a case which was unquestionably cancer, had been cured by him, by the same treatment. It is, therefore, in a tone of the highest confidence, that I press this remedy on your remembrance.

To conclude the consideration of Scrofula, it remains for me only to point out the means by which the tone & vigour may be imparted to the system of the patient. Long after the disease has been entirely removed, there is left behind, in some instances, extreme debility, which predisposes to a relapse, and demands for its treatment peculiar remedies. But I have so repeatedly detailed the treatment in this condition of the system, in the progress of the lectures, that much of what I should otherwise say, has been rendered unnecessary. The whole class of tonic medicines without a single exception, have, at different times, been recommended under such circumstances: But there are two which have always maintained an uniform & preeminent reputation, amid all the caprice of opinion, and the fluctuation of practice, with regard to

the other medicines. I allude to the Peruvian Bark, and the Chalybeate preparations, sometimes operate, though more frequently in combination. To these may be added various other medicines, as myrrh, the vegetable bitters, and the aromatics. But should such remedies prove unavailing, do not fail to recommend to your patient a course of sea-bathing, as the dernier resource. This is exceedingly efficacious in every stage of the disease, and not less so in that of which we are treating, than in any other. Having again & again experienced its efficacy, I am warranted in making the above assertion; and am supported by the testimony of every other practitioner. —

To delineate an entire picture of scrofula, it would be requisite to trace the disease into the various organs which it affects. No complaint, perhaps, is more pervading in its influence; as hardly one part of the system escapes its ravages. But besides ~~it is~~ in the lymphatics, it is in the large glands, especially the testicle & mamma, that we commonly meet with it; & then it is an object of prompt attention. To enter into its consideration as it is thus situated, would occupy too great a portion of our time. Besides, cases of this description properly belong to the surgical chair, & to the professor of that branch I therefore cheerfully assign them. —

Hydrocephalus

# Marasmus Consumption

In concluding the subject, I must detain you for a moment, while I make some remarks on marasmus, a disease exceedingly troublesome & difficult of cure. It is confined more especially to children, and makes its attack ~~aff~~ for the most part ~~after~~ ~~soon~~ soon after weaning; though we sometimes meet with it in advanced life. It usually commences with a depravation of the processes subservient to nutrition, attended with pain in the abdomen, which is hard, and much distended, while emaciation of other parts of the body rapidly takes place. It was formerly the custom, owing to the symptoms of debility, to treat the disease by preparations of iron and other tonics. The result of ~~how~~ the practice, however, clearly shows its impropriety. I have seen several cases of this disease, and, under the impression of its superior efficacy, have invariably pursued the purging plan. My success has been such as to inspire me with great confidence in this method of treatment. Different opinions, relative to the

* biw bil varéon

cause of this disease have been entertained by different practitioners. By some it has been attributed to worms, by others to obstruction of the mesenteric glands, proceeding from a strumous condition of the system. Occasionally it arises from both of these causes, though more commonly, it originates in ~~torpor~~ a torpid and debilitated state of the alimentary canal, with which the chylopoietic viscera, and among these the lymphatics are included, sympathize, and thus become secondarily affected. To this conclusion I am led, not less by the external phenomena, than by the appearances which are presented on dissection. On examining the patient after death, you will find the intestines filled with black fetid matter, or with ~~two~~ impacted mucus, the ~~ulcer~~ liver ~~considerably~~ much enlarged, and the mesenteric glands considerably ~~tumified~~. The bowels being loaded with these foul accumulations, the passage of the ~~feces is prevented~~ feces is obstructed, and the absorption of chyle prevented; and the languor from inanition ensues, attended with all those disorders which are incident to the case. But, whichever of these conditions is the cause of the complaint, the

measures to be pursued are very nearly the same. If the disease consist in worms, purges, which are among our best anthelmintics, will be highly beneficial. If it be produced by a morbid condition of the mesenteric glands, the same class of medicines are decidedly the best deobstruents, and may be employed with advantage. If it be owing to a morbid condition of the bowels, the most effectual means of affording relief, will be the use of active purging. —

Two stages may be distinctly marked in marasmus, especially when it attacks children; — the incipient, and confirmed. The bowels in the 1st stage are not so much loaded, and mild purges, at proper intervals, are to be preferred. But the case is different in the 2nd. stage of the disease, in which the alimentary canal is characterised by little sensibility, and the accumulations of fecal matter are prodigious. It is here requisite that the most active purges should be employed. Calomel in as large doses, and as frequently repeated as circumstances may have allowed, has always answered best in my hands. Extraordinary as it may appear, copious purging, instead of adding

to the debility & exhaustion, it will be found to relieve the distress, and to increase the strength. After a course of purges has been completed, you may then resort, with great advantage, to the use of tonics and all other means calculated to invigorate the child, and to confirm the recovery. Of these the best is Peruvian Bark, to which may be added one or more of the preparations of steel. If there should be a tendency to constipation at this time, as often happens, a combination of iron with small portions of rhubarb, will be found very efficacious. You should also recommend the cold bath, exercise, and removal to the country, the last of which is particularly useful.

It would seem, from the account I have given of Scrofula, that, though undoubtedly a very formidable complaint, it is by no means, as it ordinarily appears, incurable. Too case, perhaps, has been more empirically treated, especially by European practitioners; & hence arises the total want of success of which they complain. Consult their writers,

and you will find, that the remedies are employed, in appearance, without the slightest discrimination or judgment. It is obvious, that in a disease so diversified as Scrofula, it will not answer merely to prescribe for the name, regardless of those infinite varieties & modifications which are so commonly interfered. But with the exercise of our utmost skill, we sometimes fail, in the more intractible shapes of the disease, to effect a cure. Even here, however, we must not altogether despair; since, as I before remarked, the happiest effects are sometimes produced by the spontaneous operations of nature. This may happen at any period of life, though most commonly the change is effected about the age of puberty. At this period, there is a great revolution in the constitution, by which that ~~predisposition on which~~ disposition of the ~~bx~~ system on which the disease depends, and by which it is nourished and supported, is done away. If cures of this nature be effected during the employment of any remedy, they will always be ascribed to that remedy; & hence the reputation of

certain ~~articles~~ medicines, or ridiculous charms, which, in the estimation of the vulgar are infallible. Of this nature are the royal touch, the pressure of the hand of a man executed on the gallows, and the contact of a piece of lead from an old coffin which has been buried a long time. The eating of Lizzards may also be ranked in this class of remedies; and I have seen myself in this city the blood of a mouse swallowed for the purpose of curing scrofula; to which I might add a long catalogue equally preposterous and absurd. —

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# IV. The Respiratory System

## 1st. Catarrh.

Next I am to bring before you the diseases of the Pulmonary Organs and their appendages, as the Trachea, and its neighbouring parts. As among the most simple of these affections, I will commence with some remarks on catarrh. This complaint consists in an augmented secretion from the mucous membrane of the nose, throat, and bronchia, attended generally with more or less fever. Catarrh is most commonly induced by sudden vicissitudes of the weather, and hence may almost be considered as endemial to the more variable climates. It may, however, be occasioned by an abstraction of part of the ordinary clothing, by exposure to draughts of air, by sleeping in damp sheets, or in a cold, wet room, and indeed, by any circumstance calculated to suppress perspiration. It is usual for catarrh to commence with some

difficulty of respiration, and a sensation of fullness and pain about the head, which may be acute, or dull, or heavy. These symptoms are followed by a distillation of acrid fluid from the eyes and nostrils, excoriating the parts over which it trickles. Associated with this coryza, as it is called in medical language, there is commonly some degree of lassitude and muscular soreness. A cold skin, or at least a greater sensibility to the application of cold air, is always experienced at this stage of the complaint. These symptoms do not long continue, before some hoarseness, with a sensation of roughness, and soreness comes on, accompanied with a stricture across the chest, and a dry, irritating cough. Such is the ordinary character of catarrh. But, after a few days, if not ill managed, the disease subsides; the fever ceases, and next the cough breaks, which is announced by the copious and easy expectoration of a thick, tenacious mucus. Cases of this disease, however, are not very rare, which, either from original violence, or relapses from indiscretion, put on a more serious & formidable character. It is, indeed, hardly ever proper to neglect a cold, especially if it occurs in persons of weak chest,

or evinces any intractible tendency. What at first may seem a simple catarrh, has ~~sometimes~~ been known to terminate in some one of the anginose affections, and even to extend to the lungs themselves, exciting active inflammation of that organ. Cynanche Tonsillaris is ~~often~~ not unfrequently an accompaniment of Catarrh in children, & we often see this disease eventuate in the worst forms of Peripneumonia Notha in ~~adult~~ advanced life. But bad as are these more immediate effects, they are of little consequence when compared with the dread of Pulmonary Consumption from this cause. — Of the cases of this horrible malady, which occur in every country, a very large proportion, I presume, may be ~~traced to~~ directly traced to neglected, or ill managed catarrhs.

As in most other diseases, the remedies for catarrh, may be divided into such as are proper in the forming stage, and such as are to be employed ~~in~~ when the case has become confirmed. My own experience informs me, that nothing answers so well to suppress an attack of this complaint, as a moderate dose of Laudanum or opium, taken on going to bed. I have

tried it 100 times on myself, and still oftener on my patients, so that I cannot possibly have any doubt as to its efficacy. It excites an universal glow on the body, without producing much, and, in many cases, not the slightest perspiration. Determining from what I have remarked, I am not satisfied, that, by combining diaphoretics with opium, we gain any great advantage. Opium appears to operate merely as a diffusible stimulus, overcoming, by its superior power, the feeble action of the incipient or forming stage of the disease. This practice in the early stage of catarrh does not rest solely on my own authority. On the contrary it is confirmed very fully by the experience of Dr. Physick, who declares, that it is incomparably superior to any other remedy in that complaint. I did believe that this practice originated in America. But in turning over a treatise on opium, which was written 70 or 80 years ago by Dr. Young of Edinburg, I found that the same language was held with regard to this medicine in the incipient stage of catarrh, as I have just now told to you. To that author the credit is undoubtedly due of first bringing the remedy, under such circumstances,

into notice. But when we are precluded from the use of opium, either by the prejudices of the patient, the idiosyncrasies of his constitution, or by any other cause, it will be right to resort to the prudent use of sweating. For this purpose we should employ the milder methods, as pediluvium, or the internal administration of some mild diaphoretic, as nitre and antimonial wine, the action of which should be promoted by the use of warm beverages, and particularly by hot lemonade. — ~~If~~ After, however, the catarrh is completely formed, it exacts for its treatment, measures infinitely more energetic, & decisive. The colds which occur in every part of our climate, if they assume any degree of violence, are difficult of cure, & ~~then~~ require to be managed by the employment of venesection. The quantity of blood to be detracted, and the interval at which the operation should be repeated, depends on the pulse, and other circumstances of the case. As a general rule, however, a single bleeding, if copious, will be sufficient; though I have seen the disease refuse to yield to the loss of 100 ℥. at different times. As auxiliary to the lancet, purging should be early resorted to, and the saline articles are universally preferred. Either of the

*Last year 2 Scruples
of nitre — which I
think is the proper quantity

neutral salts, as sulphate of soda, or Epsom's salts may be employed, and will answer by itself, or, what is better in combination with nitre & tartar emetic in the proper proportions. Judging from my own personal observation, I should prefer the following mode of administering them. —

Take of Glauber's or Epsom's salts — ℥i
" Nitre — — — — — — ~~℥ij~~ * ʒij
" Tartar Emetic — — — — gr. ij.

Divide the whole into 12 powders, of which one is to be given every 1 or 2 hrs. so as to keep the bowels open. —

It has long been a favourite practice with many physicians, to manage catarrh exclusively with the antimonial preparations, with the view to their nauseating properties — All our speculations relative to the disease, warrant this course of practice. Colds are accompanied with constriction of the surface, and nothing is calculated to relieve this so effectually, as nausea properly induced. It is much the fashion, in Great Britain especially, to treat the catarrhal affections, which prevail there to a greater extent than in any other part of the world, on the plan just alluded to. But, whatever may the success of the practice elsewhere, it would certainly not answer in

the catarrhs of our own country. As regards the United States, the complaint of which we are treating is characterized by the highest grade of active inflammation, and for its cure demands the most direct & efficacious depletion. Effects infinitely more striking and decisive, are produced by emetics, if given so as to produce vomiting, than from nauseating doses of the same article. Exhibited early in the disease, there are, indeed, few cases, however violent, which would not be entirely removed, or exceedingly mitigated by these remedies. They are, however, extremely unpleasant, and, except in cases of children, can seldom be employed. Even with children they should not be resorted to, when the attack is so far advanced, as to produce pain & inflammation about the chest. Under such circumstances, venesection is alone adequate to the case, and can never be dispensed with. After sufficient blood has been withdrawn, and the bowels have been put into a soluble condition, the nitrous powders, repeated at stated intervals, will be found very beneficial. Not a little confidence has been reposed in ~~blisters in cat~~ the vesicating applications, in the catarrhal affections. Properly applied, blisters ~~undoubtedly~~ may be advantageous, and sometimes

are of the very first necessity. Much inconvenience as well as injury will, however, accrue, if they are put on too early. They are apt to distress the patient exceedingly ~~as~~ as long as much cough exists, and serve not to alleviate, in any degree, the force of the complaint. In the declining stage, when there is a hard, lingering cough, attended with much pain about the chest ~~and~~ blisters may be directed with unequivocal utility, and often cannot at all be dispensed with. — All of you know how much certain preparations called cough mixtures, are employed in cases of catarrh. There is hardly a family which has not some nostrum of this kind, which is brought forward, on all occasions, in a tone of sufficient confidence. Numerous & diversified as are these mixtures, they always contain as a leading ingredient opium in some one shape, either that of Laudanum, or paregoric. It is obvious that such combinations cannot be indiscriminately resorted to, with advantage, in all cases of catarrhal affections. Before the violence of the attack is broken, as ~~is~~ evinced by the looseness of the cough, or the freedom of expectoration, my experience informs

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me that they are highly mischievous. They produce, for the most part, increased tightness of the chest, head-ache, & an aggravation of all the febrile symptoms. After, however the disease has reached that period which I have before alluded to, these mixtures are not only beneficial but are the most important of our remedies. I shall not pretend to detail all the formulæ which are employed, but shall content myself with mentioning those which I consider as the best suited to the circumstances of the case. As a means of promoting expectoration, & allaying the irritation which ~~promotes~~ causes the cough, I know nothing which is so generally successfull as the following prescription —

Take of extract of liquorice ℥ j
— warm water — ℥ iij

Effect a solution by rubbing them in a mortar & then add — of sweet spirits of nitre — ℥ ij
— Antimonial wine — ℥ j
— Laudanum — gut. 40 — 50 —

Of this mixture the ~~dose~~ dose is a table spoon full every 2 or 3 hours according to circumstances. The formula which I am now about to mention,

* Last year 2 drums.

* Last year

will also answer very well.

Take of oxymel or vinegar of Squill - ℥ i* - ℥ ij
" " Antimonial wine ——— ℥ i.
" " Sweet spirits of nitre — ℥ ij
" " Gum arabic ——— ℥ ij
" " Laudanum ——— gut. 40, - 50
" Water ——— ℥ iij. —

The dose & manner of administration, are precisely as in the former case. — In some instances advantage may also be derived from the following prescription. —

Take of Salt of Tartar or
" " Carbonate of Soda } ——— ℥ ij
" " Antimonial wine ——— ℥ i. -
" " Laudanum ——— gut. 40 - 50
" " Compound spirits of Lavender — ℥ ij
" " Water ——— ℥ iij. —

The dose & time of repetition the same as in the 2 former ~~case~~ prescriptions. — (*It is, perhaps, known to you that the alkalis are now a popular remedy in Pertussis or Hooping cough. It has lately, in this city, superseded all others. I first introduced the practice, having brought it with me from Europe. It was originated by Dr Pierson of St. George's Hospital. But efficacious as it is in

* Insert the following which I omitted through mistake —

After the catarrh has become protracted, and the symptoms of inflammation have wholly disappeared, you may resort to the balsamic medicines with unequivocal utility. I shall say more of them hereafter, and at present shall only observe, that the Balsam of Tolu always answers best. It may be administered in the following manner —

Take of the Tinct. of Tolu — ℥ i.
— — Cardamom — ℥ i.

Forty or 50 drops of this mixture dropped on loaf sugar, and dissolved in ½ a wine-glass-full of water, may be taken 4 or 5 times a day. It is especially beneficial in the Catarrhs of old people —

Hooping cough, it is no less so in the catarrhal affections.

* I have thus detailed the remedies applicable to the management of catarrh in every stage. But little will be accomplished at any period of the disease, by the remedial treatment, unless a strict antiphlogistic course be pursued. As relates to the diet, it should be of the lowest description, consisting principally of the demulcent drinks, as Barley water, Flax-seed tea, loaf sugar & water, mucilage of gum Arabic &c, all of which may be rendered more agreeable by being moderately acidulated with vinegar & lemon or lime juice. — It is important, that while these afford nourishment to the patient, they are not destitute of utility in relieving the more distressing symptoms of the disease itself. — It is my wish to impress on your minds more particularly the necessity of an attention to Diet, as the common prejudices of mankind, strengthened in many instances by Physicians themselves, have been against it. To feed a cold, and starve a fever has, for a long time, been a common aphorism, and as many other vulgar aphorisms, is founded in error, and if carried into practice would prove injurious. We know that

Catarrh is a fever, and a fever too of a highly inflammatory description. Let me therefore repeat to you the importance of resorting to a low diet in these cases. — Even when more is required than merely the demulcent drinks, vegetable matters should be the only substances allowed. Rice, turnips, potatoes, hominy, and the vegetable broth, are all that should be admitted in the inflammatory cases of Catarrh. The last is particularly useful, and may be prepared in the following manner.

Vegetable broth.

Take 2 turnips, 2 potatoes, 2 onions, and a little celery; To these add 1 gallon of water, and boil for a few hours, till the texture of the vegetables shall be destroyed. Strain it, and, after adding a little salt, pour it over dry toast. —

This is more palatable than weak animal broths, and is preferable in a medical point of view. The vegetable jelly is also a useful article of diet for those affected with inflammatory complaints. To prepare it, take 1 oz. of gum arabic, 1 oz. of sugar, and a sufficient quantity of water, and reduce them to a jelly. To this add a small quantity of Lemon — Lemon juice, and the patient will

* Last year in this place Dr. Chapman gave an account of the catarrhus senilis, or a species of catarrh incident to advanced life. The same account will be found in the present notes under the head of Peripneumonia Notha.—

be unable to distinguish it from ~~a~~ Calf's-foot-Jelly.*

## 2d. Catarrhus Epidemicus, or The Influenza.

I shall next mention the remedies in Catarrhus Epidemicus. This, perhaps, is the most wide spreading disease with which we are acquainted. Not only does it affect a particular country, but, in some cases, extends its influence over every ~~portion of the~~ habitable portion of the globe. By the Italians, on this account, it was denominated Influenza; a term by which the disease is at present universally recognized. Even since the earliest medical records, this ~~disea~~ complaint appears to have existed. It ~~has been~~ was accurately described by the ancient writers, and since may be traced down to the latest period of its occurrence. As regards its course, we shall find it generally to have proceeded from North to South, though sometimes it has pursued an opposite direction. Between the common catarrh & Influenza, a striking analogy exists in many respects.

There is this difference, however, in relation to their origin, that Catarrh evidently arises from the sensible qualities of the air, the Influenza depends on some unknown distemperature or vitiation of the whole atmosphere, upon that state which produces Epidemicks generally. Contagion, it is true, has been alleged as a cause of the disease; and there are not wanting some respectable authors, by whom it is ascribed altogether to this source. But I have reason to believe, that this ~~statement is~~ sentiment is wholly gratuitous; and it is undoubtedly contradicted by an immense weight of evidence, of a nature direct & conclusive. It is stated, that, during the prevalence of Influenza, persons entirely sequestered from all communication with others, as the patients in a Hospital, or the inhabitants of monasteries in catholic countries, have been all at once attacked with the disease. Independent of this fact, the complaint is uniformly distinguished by all those circumstances which are common to Epidemicks, occurring at stated intervals, sweeping with prodigious rapidity over whole countries, and compelling all the subordinate affections to bend to its influence, & acknowle-

* In treating of the Winter Epidemick, he states that blood-letting was inadmissible. —

-edge its supremacy. Like the other Epidemicks it also appears in the varied character of inflammation or of Typhus malignity. Most generally it exhibits the symptoms of ordinary catarrh, with some degree of aggravation; and demands the same description of remedies, accomodated, however, to the greater violence of the case. But when it puts on the Typhus condition, which it seldom does, the practice of course must be different ~~; and is such~~. In this case, the treatment is similar to that ~~of~~ employed in the late Winter Epidemick, consisting of moderate *blood-letting, and active diaphoretic measures.

The Influenza, more particularly in the United States, appears more than once, especially in the Southern section of our country, ~~appears~~ to have been attended with bilious symptoms, & to have put on the general character of the diseases of that climate. When it assumes this appearance, ~~it is~~ the symptoms are always to be regarded as merely accidental; though it appears that emetics & mercurial purges are much demanded, and highly serviceable in the cure. But, generally speaking, the Influenza must be considered as a highly inflammatory catarrh, and as demanding exactly the same remedies, urged to a greater extent

# 3rd. Pneumonica or Inflammation of the Lungs.

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[L.] From the Catarrhal affections, I pass on to the consideration of the nature and treatment of Pneumonic inflammation. By some of the nosological writers, a great variety of cases is made out of this morbid condition of the Pulmonary organs. The pleura being inflamed, the disease ~~was~~ is called Pleuritis or Pleurisy. When the parenchyma, or substance of the lungs is ~~inflamed~~ affected, the title is changed to Peripneumonia, or Peripneumony. An engorged or suffocated state of the lungs has been denominated Peripneumonia notha, or Bastard Peripneumony; and a rheumatic affection of the intercostals & other contiguous muscles, is known by the appellation of Pleurodine, or Spurious Pleurisy. This, however, is a distinction infinitely too minute & artificial to be retained in actual practice. Of Pneumonic inflammation I shall treat under the general division of Pneumonia Vera & ~~Notha~~. Pneumonia Notha.

* Last year

The first of these embraces pleurisy & peripneumony. There may be some difference between the two cases; though, as they are described by Cullen, who is very fond of this split-hair division of diseases, there is no diagnostic by which they can be discriminated; and, even if there were, it would not be at all material as regards the mode of cure. Whatever may be the precise seat of Pneumonia, it may always be recognized by the pyrexia, difficult respiration, dry cough, & pain in some one part of the thorax, either on one side or the other, or in the breast. ~~They~~ But these symptoms on different occasions are variously modified. (The generality of writers say that the pain is most commonly in the right side; but determining from my own experience, I should, without hesitation, decide that the contrary is the case. In my whole practice, though I have had much to do with this disease, yet I have never seen it occur more than half a dozen times in the right side.

As regards the causes of Pneumonica, they are very nearly the same with those of all other internal inf=

lammations. The chief of them are, vicissitudes of the weather, and the direct application of cold in any way to the body, especially if it has been previously heated. The disease commonly selects as subjects of its attacks, persons of robust make, & vigorous health, and possessing an inflammatory diathesis of constitution. Most generally it occurs in the winter & spring, more especially when these seasons are variable & unsettled.

Of all the diseases to which the human frame is liable, with the exception of Cynanche Trachealis, ~~Pleurisy~~ this is, perhaps, the best understood, & most easily managed. Common Pleurisy is a case of high and active inflammation, in which the indications are very few, very simple, & perfectly intelligible; nor, so far at least as relates to the early stage of the complaint, can there be any doubt as to the choice of remedies. Every practitioner, in whatever school he has been educated, concurs in the propriety of prompt & copious venesection. Even the prejudices of mankind are enlisted in favour of this practice. This, indeed, is so much the case, that, strong as may be the opposition to bleeding in any particular ~~case~~ instance, give to the disease the title of Pleurisy, and every objection & prejudice is at once removed.

Called therefore to this complaint, in the early stage, I make no hesitation in drawing blood very freely. To do this, however, with greater effect, the orifice should be large, so ~~to~~ as to allow a bold and vigorous stream to flow. So fact, perhaps, is better ascertained, in the whole compass of the practice of physick, than that, in the reduction of inflammatory action, more is obtained by the suddenness with which blood is detracted, than by the quantity taken. It is alleged that this is so much the case, that 10 oz. of blood taken as speedily as possible, will produce as great an effect as double the quantity coaxed slowly away, through a minute orifice. It is important that you should bear in mind a fact so interesting both in a speculative and practical point of view. A full illustration of this doctrine may be found in the 4th. dissertation of Sir George Fordyce on fever. It is not easy to indicate any exact rule for the use of the lancet in these cases. It may be remarked, that more is to be apprehended from a timid & restrained employment of it, than from any excess of depletion; I repeat it, infinitely more harm is done in the management of Pneumonic inflammation

by a timid employment of the lancet, than by any excess of it. Generally speaking, I should say that, in a stout adult subject, with a confirmed pleurisy, ~~strong~~ where there is a strong pulse, and much pain, and difficulty of respiration, 30 oz. of blood is about the proper quantity to be taken away at the 1st. operation. Even this will not always answer; and, in a few hours, we shall be called by the urgency of the symptoms to repeat the bleeding, sometimes to the same extent, though this is seldom necessary. There is, in this complaint, when we are called at the very onset of the attack, a guide to which we may safely trust. It is my practice never to tie up the arm, in a violent case of pleurisy, ~~&~~ till the pain remits, and the respiration is relieved; whether 15 or 50 oz. of blood be necessary to be drawn to accomplish this purpose, is a matter of no doubt of consequence to me. But this rule does not apply with equal force to the advanced stages of the complaint. The reason is very obvious, & may readily be explained. After Pleurisy, as any other case of common inflammation, has continued for a few days, the capillary vessels, which, as I formerly informed you, ~~are~~, to a certain

extent, independent of the heart and arteries in their action, become affected; and no portion of blood detracted from the general circulation will be productive of any, or at least of much effect on the local affection. Of this law of Pathology, which, so far as I know, has never been enforced by any but myself, many striking illustrations may be produced. The whole order of Phlegmasia offers a proof of it, as well as of the propriety of the practice ~~to~~ which it suggests. To whatever extent we may carry venesection, we shall hardly ever be able to cure opthalmia or Rheumatism, without resorting to local ~~blood letting~~ bleeding, or to some other means of making a local impression on the ~~disease~~ capillary vessels. The same is the case with regard to Pneumonic Inflammation. Nevertheless, we should not ~~too hastily~~ without the lancet. The diseases of the lungs for several reasons, and especially because the circulation of the blood passes through their organs, requires greater depletion for their cure than, almost any other part. It is also true, that in Pneumonic inflammation the loss of blood is infinitely better borne than perhaps

in any other disease: 20, 30, 40 oz. do less ~~in inflammation of the lungs than ½ the quantity~~ towards debilitating the patient, ~~than~~ in inflam.n of the lungs, than ½ the quantity taken away in almost any other case. This is so much the fact, that it is utterly impossible to induce syncope or fainting in Pneumonia; I speak, of course, of the commencement of the attack. I have sometimes detracted 40 or 50 oz. of blood, without producing the least tendency to syncope.

Being perfectly satisfied that the force of the circulation is sufficiently reduced, we next resort to local remedies. Of these by far the best are the vesicating applications; but there has always been much difference of opinion among practitioners as to the exact period at which they should be used; and by some authors of respectability, it is utterly denied that they are useful under any circumstances of the disease. Of the efficacy, however, of blisters there can be little doubt, if they are properly timed. My own practice, which, I have reason to believe, is sanctioned by the best authority of the present day, is uniformly to postpone the application of blisters,

till a considerable reduction of arterial action has been accomplished. At this conjuncture, blisters are unequivocally useful, by extinguishing the remnant of pain still existing in the chest, and by arresting the further progress of the disease. But, when early resorted to, they never fail to produce great distress to the patient, and to aggravate the symptoms they were intended to relieve. Candour, however, compels me to acknowledge, that a directly opposite ~~cou~~ course has been adopted by some of the ablest practitioners in this ~~city~~ country and elsewhere; and they also have been led to their conclusion from experience. It is the practice of Dr. Griffith of this city, one of the oldest, most experienced, & most judicious of our physicians, to make use of blisters in Pneumonic inflam^n. at his first visit. In many cases he does not even wait for the previous use of the lancet, - employing blisters & bleeding cotemporaneously. This is also the practice of Dr. Jackson of Boston, who holds the professorship of the practice in the medical school of that city, who is, undoubtedly, one of the ablest practitioners of this or any other country. He assures me that he, and the other physicians to the Eastern make

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use of the vesicating applications in the early stage, and derive great advantage from the practice. To all this I have only to reply, that the counter evidence on the subject preponderates; & my own personal experience, which I will never surrender up to any authority, tells me, that ~~I am right~~ the course which I recommend to you, is sound & consistent practice. In violent cases of Pneumonia, before the application of blisters, we shall derive very great benefit from the use of leeches & cups to the affected part. Such depletion, in this case, sometimes operates like a charm, and should again be resorted to at any of the subsequent stages of the complaint, with more or less efficacy. In this point, the use of topical depletion in Pneumonic Inflammation, I wish to call your attention particularly. It frequently happens in the progress of the disease, that, after using the lancet as freely as the strength of the patient will allow, there still remains considerable action in the pulse, with a good deal of pain, indicating the existence of not a slight local affection. It is under these circumstances, that the loss of 6 or

* Recommend
to back —

8 oz. of blood by cups applied to the side, sternum, or breast, produces on the disease this most beneficial impression. I have seen this remedy again & again employed, & I have never been better satisfied of its beneficial operation than I am at present. But when these means cannot be attained, which often happens in the country, dry warmth, or fomentations may be substituted with utility. ~~To effect~~ The best means of applying heat, is by bags ~~of~~ filled with heated salt, ~~or~~ ashes, oats, corn, or some such article.

As yet I have said nothing of purges in this disease, a remedy so useful in cases of active inflammation. But, as I have previously more than once stated, the Pulmonary affections, in a greater or less degree, constitute exceptions to this general rule. Not one of them will bear copious evacuations from the bowels, and, as relates to Pleurisy particularly, all that is to be done, is to keep the bowels soluble by mild laxatives, as castor oil, or the neutral salts. ~~A~~

Much more confidence has always been reposed in Diaphoretics, and reasoning on the

nature of the case, we should, indeed, be led to the conclusion that they are particularly well suited. But experience has taught us, that, except in the forming stage of pneumonic inflam^n. they are useless, or even manifestly injurious. My impression is, that copious sweating induced exactly at the time the attack commences, will entirely put it off, or very considerably alleviate its violence. Of the diaphoretics employed in the early or forming stage of the complaint, the one chiefly depended on is the Asclepias Decumbens, or common Pleurisy root. It is now nearly a century since introduced into practice, and the whole current of subsequent experience equally tends to confirm the early attestations in favour of the remedy. My experience with the article under such circumstances, enables me to speak with confidence of its powers. As a diaphoretic it is distinguished ~~by~~ to a great degree by the certainty or permanency of its operation; and it also possesses this valuable property, that it produces its effect, without ~~any fear of~~ raising the temperature of the surface, and thus creating inquietude or ~~restlessness~~ restlessness. On

this account it is well adapted, not only to the forming stage of Pleurisy, but also to all inflammatory complaints. During the progress of the disease, however, diaphoretics should rarely if ever be prescribed; and only such remedies should be resorted to as are suitable to co-operate with venesection in directly reducing the force of the circulation. Combinations of Ipecacuana or antimony with nitre are usually selected for this purpose; and though they are not given with the view of creating nausea, yet I am not aware that a slight effect of this kind is productive of any ~~advantage~~ disadvantage. It has, indeed, a contrary tendency; and, by removing the structure about the chest, and promoting expectoration, it may be beneficial.

As soon as the cough is loosened, & a free expectoration has ~~taken place~~ appeared, you may consider the disease as broken, and resort to the demulcent drinks, and the cough mixtures enumerated on a former occasion; and, in every respect, treat the case as if it were a catarrhal affection. The demulcent drinks and cough mixtures, mentioned under the head of catarrh, are equally applicable to Pneumonic Inflammation.

But it sometimes happens, after the violence of the symptoms has abated, that a tightness of the chest, a hard dry cough, difficult or pernicious expectoration, and some slight pain still continue. In the cases where this occurs, I have seen nothing so useful as combinations of opium, ipecacuanha, and calomel; ~~to be~~ repeated at stated intervals. Even if the ~~ca~~ medicine should excite salivation, which it sometimes does, this can be no objection to the practice. But, on the contrary ~~to be~~ it more completely exterminates every vestige or remnant of the Pulmonic affection. I do not know whether it would not be a prudent or useful practice to induce a moderate ptyalism, after the violence of the inflammn. has been subdued by the directly depleting remedies. A salivation would obviate a relapse, by doing away the predisposition to the disease; and after ~~removing~~ accomplishing this effect, would guarantee the system against Pulmonary Consumption, Hydrothorax, and other Pectoral complaints.

My practice in ordinary cases of inflamm. of the lungs I have now detailed to you. But the disease assumes

a variety of forms, and differs greatly in the degree of violence. It is impossible for me to particularize all the modifications, and to detail the treatment applicable to the case. I shall effect enough by giving you general rules, and leaving the rest to your own experience & sagacity.

## Bilious Pleurisy

But there is one variety of Pleurisy, very properly designated by the title bilious, which do commonly occurs in our country, and so often proves fatal, that it must not be altogether overlooked. To all the characters of ordinary Pneumonic Inflammation, are added, in this case, many of the symptoms of ~~ordinary Bilious Fever the~~ the common autumnal Bilious Fever of our country. It is accompanied with head ache, red eyes, a turned countenance, much gastric distress, and a violent vomiting of black bile, with a dark and furred tongue. It differs also from the ordinary form of Pleurisy, in having less activity of inflammation, and in not bearing to the same extent direct depletion. As the disease usually presents

* Last year he said Remittent.

itself, the system is often manifestly depressed by one or 2 bleedings. It is the common practice in Bilious Pneumonia, when this happens, to desist from venesection; and after having evacuated the alimentary canal by ~~blue~~ emetics & mercurial purges, to follow these up by draughts of the Infusion of Serpentaria. This last medicine is given in order to excite & keep up for 12 or 24 hours a copious perspiration. This article appears to be peculiarly well adapted to the case on several accounts. The Bilious pleurisy is most commonly met with in Miasmatic countries, where Intermittent ~~fever and remittent~~ fevers prevail, and retains, to a certain degree at least, the intermittent type. The serpentaria, which is so excellent a remedy in this form of fever, must also be useful in pleurisy of which we are treating. Snake root, moreover, as you will know, is among the best remedies for checking bilious vomiting. Besides, while it fulfils these indications, it is also ~~and~~ an admirable tonic, and diaphoretic; and is calculated to make ~~a a~~ ~~[illegible]~~ a new, permanent, & salutary impression on the

disease

For these reasons it is, that, by the common ~~opinion of~~ consent of practitioners, not only in this section, but also in every part of the United States, Serpentaria has been so much employed in the 2nd. stage of Bilious Pleurisy. But it often happens, in this case, that, though venesection be forbidden by the condition of the system, still some difficulty of respiration, and not a little uneasiness about the chest remains. To do away these affections it is proper to resort to topical depletion by leeches, or, what I think answers still better, by cups. After a sufficient quantity of blood has thus been detracted, you may resort with the greatest prospect of success to blisters made large enough to embrace the whole ~~chest~~ breast. By pursuing this course of practice, you will generally find, that this species of Pneumonic Inflamn. is quite as manayable as the common forms of Pleurisy or Peripneumony.

# 4th. Peripneumonia Notha

2. We have now come to the consideration of Pneumonia Notha, or Bastard peripneumony. Much difference of opinion has always prevailed, both as regards the nature and treatment of this disease. The fact is, that 2 diseases differing in their nature, and requiring in some degree opposite remedies, have hitherto been strangely confounded under one general title. The first of these cases is known by the name of Catarrhus Suffocativus. It commonly attacks persons advanced in life, or of a feeble or debilitated constitution. This disease is distinguished by the suddenness of its onset, by the painful or laborious respiration, by a weak or irregular pulse, and by a prodigious accumulation of mucus or phlegm in the Bronchia, which the patient is unable to discharge. The immediate cause of these disordered symptoms is an extreme atony or debility of the ~~uterus~~ Pulmonary organs. Moderate venesection, if the system is not too much prostrated, is here very serviceable. But it is always necessary, under such

circumstances, to be cautious with the lancet, and never at one time ~~push it~~ to urge it to any considerable extent. If venesection is not all admissible, or, though resorted to, has proved unavailing, emetics are ~~next~~ to be administered. Not a little advantage is here derived from active vomiting, as by means of it we dislodge the morbid congestion of the bronchia, and thus afford relief to the other affections. Either Ipecacuana or White Vitriol should be selected for this purpose. Each of them is characterized by great promptness of operation, and by other properties which render it peculiarly well adapted to meet the present indications.

After the operation of the emetic, blisters large enough to cover the surface of the chest, should be applied. They often prove very useful, by imparting tone to the lungs; and, though not adequate to the entire removal of the more violent symptoms, they hardly ever fail to induce an infinitely more comfortable state of things.

But in some cases, where there is very great oppression, and we are altogether precluded

from the use of the lancet by the extreme debility incident to the case, local depletion may be substituted with signal advantage. This is to be accomplished by cups or leeches, the former of which I think is decidedly preferable. Here, as in other pectoral complaints the cups are to be applied to the side, breast, or back.

Contrary to the practice in most of the Pulmonary affections, opium in this case, may be freely administered in all the different stages. Never, I suspect, has it proved productive of harm; & I have had reason to ~~believe~~ ~~that~~ be extremely well pleased with its effects. Given by itself it is eminently beneficial, though a more common practice, is to combine it with one of the most ~~active~~ expectorants, as squill, gum ammoniac, volatile alkali, ------ Seneca, & balsam of Tolu, with the other balsamic articles.

But, in the other form of the disease denominated Peripneumonia Notha, to which I before alluded, the lungs are engorged with blood, not with mucus or phlegm as in the former instance. Ina

deed the complaint should be considered as a pulmonary apoplexy, & managed accordingly. This case also comes on suddenly, so much so as sometimes to exhibit no premonitory signs by which it may be apprehended. It is most apt to attack persons who are debilitated by debauchery; though occasionally it singles out, as subjects for its attack, the young, the robust, & the temperate.

The attending symptoms are such as might be expected from the condition of the lungs; viz. interrupted & laborious respiration, a dull heavy pain in the breast or side, a flushed turned countenance, a wild expression of the eyes, great anxiety and restlessness, and, when the attack is particularly vehement, a total inability ~~in the patient to change~~ to change their posture, the patient not being able to lie horizontally, & requiring to be propped up in bed.

After this detail of the pathology & symptoms, we can have no hesitation as to the course of treatment. Every circumstance of the case indicates the propriety of prompt, & most copious venesection. Not less blood

* Last year.

should here be evacuated, than in congestions of the brain itself. The case, indeed, is so urgent, that relief should be afforded, before the closure of the orifice in the vein. I have known 50 oz. of blood to be withdrawn ~~in it~~ at one operation, in Peripneumonia Notha. Cases of this complaint do, however, occur, where depletion by the lancet cannot be safely resorted to. An engorgement of the great viscera, especially of the lungs, takes out of the general circulation so large a portion of blood, and confines it so closely in ~~its an~~ the organ itself, that any diminution of the quantity still circulating, is very sensibly felt by the system. (*This remark could not be better illustrated than by the disease before us, viz. apoplexy of the lungs, in which 5 or 6 lb. of blood are accumulated in a half stagnant condition, or at least not so rapidly circulating as usual, which may be considered as so much taken from the body. ‡ Here the abstraction of even 15 or 20 oz. would sometimes depress the system beyond the powers of reaction, and induce syncope or death itself.) It ~~is~~ would be prudent, therefore, under these circum-

stances, to draw away only a small portion at a time, and then, suspending the stream, to watch the effect, with the view of ascertaining how the loss may be borne. If you find that the pulse is invigorated by the flow, and that the system still possesses restorative energy enough to react, you may allow the blood to flow anew. Again pursuing the same round, you should continue, till you have taken sufficient to accomplish your views. On the contrary, if you find that the patient sinks under the loss of blood, you are to desist from further depletion, & resort to other remedies. Topical bleeding, under such circumstances, will prove singularly efficacious. It should be done by cups, as I have before described. —

As soon as sufficient depletion has been effected, whether general or local, it will be proper to administer large doses of opium, which tends much towards equalizing the circulation. To promote convalescence, & obviate the danger of a relapse, blisters should be largely applied over the chest.

As an auxiliary means, in either form

of Pneumonia, the patient should be directed to inhale vapour into the lungs, especially if the case is distressing and intractable. Even the steam of water is useful; but the efficacy is increased by inhaling the vapour of some article more stimulating in its nature, as Ether, or Balsam of Tolu. Of the latter article, take 1 oz. & ~~put it in a~~ add it to a pint of water. This should be inclosed in a tea-pot, and the vapour inhaled through the spout. The fumes of Resin or Turpentine are also highly beneficial. They act by rousing the lungs out of their torpid condition, and enabling them duly to perform their functions. —

# 5th. Cynanche Trachealis

3

Continuing the history of the acute affection of the Pulmonary System, I will next direct your attention to Cynanche Trachealis. To this disease various other names have been applied by different authors who have treated on it. It has been called the Suffocatio Stridula, ~~the~~ Angina polyposa, Trachitis, and in popular language Croup or Hives. The last term is a corruption of the word heaves. The best nosological title is undoubtedly trachitis. It very clearly designates the nature of the complaint, and at the same time gives uniformity to medical nomenclature. It corresponds with Pleuritis, gastritis, and all the other terms which are applied to inflammatory affections. —

Croup is commonly considered as a disease of modern origin, and the credit of having originally noticed & described it, has always been conceded to Dr. Home of Edinburgh, who published a work

on this subject about the middle of the last century. He was professor of Materia Medica in the University of that city, and was ~~of~~ the cotemporary of Cullen. In turning over, however, one of the earliest numbers of the transactions of the Royal Society of London, I found a full account of this complaint, illustrated by dissections. The writer, who was an obscure practitioner, described it as an entirely new disease, which suddenly appeared among the children in Cornwal, and was attended with considerable ravages.

Cynanche Trachealis, for the most part, is confined to an early period of life, occurring generally between the 1st & 5th. years. But I have known it to attack infants within the month, & sometimes also adult subjects. Such cases, however, must be considered as rare, and anomalous deviations from the ordinary course & character of the disease. It appears, in some instances, to belong to families. There is a family of adults in this city, to ~~which~~ the individuals of which I am frequently called to relieve them from the attacks

of Croup.—

Notwithstanding what has been so confidently alledged in favour of the opinion, I cannot find the slightest reason to believe that Croup is ever propagated by contagion. It would appear to arise from the influence of a moist, cold, or austere atmosphere; and hence prevails in the Spring, more than at any other season. By some writers it is considered as occasionally Epidemick, and this is probably true. Certain it is that the complaint is Endemical to particular places, and sometimes circumscribed within very narrow limits. This is particularly the case as regards Edinburg. It is stated that the disease is hardly known in that city, & this I believe to be the fact. But a little sea-port town, which stands about a mile from Edinburg, is so desolated by the ravages of Croup, that it is almost impossible for the inhabitants to raise their children. I am told that the same is the case as regards Baltimore. The complaint is little known in that city, while at Fell's Point, which bears to Bal-

tumor the same relation as Leith does to Edinburg, it is extremely apt to occur.—

As respects the history of Cynanche Trachealis, this is so accurately described by all ~~practitioners~~ the practical writers, that I shall content myself with referring you to any of them, but particularly to Cullen, who has given us the most accurate account. ~~of the symp.~~ thereof.

Nosological writers have divided the complaint under consideration into spasmodic & inflammatory; and not a little discussion has taken place relative to this subject. ~~It~~ appears to me, that all the cases in which the attack is sudden, must partake of the spasmodic character. The early symptoms accord with this view of the pathology, & dissections confirm its correctness. When the child dies in a very short time after having been seized with croup, no appearances of inflammation are disclosed by dissection; and spasm of consequence must have been the cause of death. But under opposite circumstances, where the disease is slow in its approach, or the consequence of inflamm. of other parts, as meningitis, extending to ~~especially of~~ the trachea, it

is then of a contrary nature, and dissections show ~~that~~ precisely such appearances as might be anticipated. But whether the complaint is spasmodic or inflammatory, I am not aware that any practical difference can result. My mode of treatment is exceedingly simple, and has been attended with so much success, that I always approach an attack of Croup with greater confidence of effecting a cure, than any other of the complaints of children.

I always commence with endeavouring to vomit the child freely; & for this purpose I prefer the Tartarized antimony, taken at short intervals; as this is one of the most certain & powerful of all emetics. At the same time I direct the patient to be placed in a warm bath, & continued in it for 10 or 15 minutes. This is a highly useful remedy. It rarely fails to promote the operation of the emetic, and will, indeed, sometimes, by itself effect a cure of the disease.

If the emetic, however, does not operate, or if its operation has proved ineffectual, then I bleed

When the attack is spasmodic, I have known a flannel wet with Spirits of Turpentine to relieve it.

copiously & afterwards repeat the warm bath & the emetic. The case must be exceedingly obstinate, if it will not yield to this treatment. Nevertheless it occasionally continues with little or no abatement of the symptoms, in despite of the remedies employed. Under these circumstances I resort to topical bleeding either by leeches or cups; and, after the inflamm. has subsided, I apply a blister or sinapism to the extremities, or from one ear to the other. If the preceding remedies fail, ~~and the symptom~~ or if the symptoms are so alarming as to require immediate relief, I bleed ad deliquium animi. When pushed to this extent, I can almost say, that venesection has been uniformly successful. As yet, I can declare with the greatest truth, that, either in my own practice or in that of my fellow practitioners of this city, I have not known one solitary instance when the remedy failed. The moment ~~that~~ syncope is induced ~~by~~ by copious bleeding, the hoarseness, cough, impeded respiration, and fever all totally disappear.

The disease being thus broken, which is always

* Corrections Since Legend

shown by the removal of the preceding symptoms, and still more by a restoration of the natural susceptibility of the system to the action of medicines, I administer calomel; not in small & repeated doses as is generally recommended, but in the largest possible quantity, in order that it may speedily & most actively purge. — In this particular stage of the disease, evacuations from the alimentary canal carry off the lingering symptoms, obviate a relapse, & confirm convalescence. But if cough & hoarseness, with tightness of the chest, & ~~difficult~~ difficult respiration remain, I employ the Polygala Senega as an expectorant. It is in extinguishing the remains of Croup, that this article displays its very best properties. Doubtless, the Polygala may be employed at every period of the disease with advantage as an emetic. But still, I decidedly prefer the tartarized antimony in this case; as it has proved in my practice a more certain, and infinitely more efficacious remedy.

The practice ~~as~~ which I have just detailed to you, is applicable chiefly to the early or forming stages of the

complaint. At this period the disease is yet confined to the trachea, and consists either in a spasmodic constriction of the tube, or in inflammation of its lining membrane. But if permitted to continue for 8 or 10 hours, or sometimes even for a shorter period, the croup extends to the Bronchiæ, and into the very substance of the lungs. A vast secretion of mucus or phlegm, and an ~~engorge~~ engorged or suffocated state of the Pulmonary Organs, now take place, precisely as in Peripneumonia Notha. The symptoms at this critical conjuncture are very different from those of the first stages. In the commencement of an attack of croup, the voice is hoarse, the cough is hard, dry, and not inaptly compared to the sharp sound of barking: at the same time there is more or less of fever, a considerable degree of anxiety and restlessness, and a sort of indescribable uneasiness. The child will not remain long in any one position, and cannot be completely tranquilized. He whines, or cries, and frets, and seems to be exceedingly uneasy, without suffering much positive pain. But in the following more advanced stage, all those symptoms exist, which indicate an interrupted and defective circulation in the lungs. These organs loaded, and oppressed, are unable

× juice of garlick or onions is still
more certain in its operations

to execute their functions; the countenance at the same time is mottled; the cheeks have a circumscribed flush, with some mixture of lividness; the eyes are prominent & inflamed; ~~and~~ the pupil is widely dilated; and the expression of the countenance is pale and haggard. The respiration is now either exceedingly laborious, with a full & distinct pulse; or, the child sinking under the disease, the respiration becomes more tranquil, with a weak & irregular circulation. What is to be done under these circumstances? The disease in every respect is Peripneumonia Notha, and must be treated accordingly. The indication in the first place is to relieve the lungs, & to reestablish a free and equable circulation. To accomplish this ~~purpose~~ purpose, the child should be placed in a warm bath; and, while it is in this situation, copious vomiting should be excited by the active & stimulating emetics, as Sulphate of Zinc, or, if this is not at hand, the tartarized Antimony. As soon as the pulse will justify the remedy, you should resort to venesection, drawing away a little blood at once, suppressing the flow, and watching the effect on the system. If you find the

first bleeding beneficial, recur to the remedy from time to time, till your views in this respect are accomplished. The necessity for such extreme circumspection in the use of the lancet in this case, arises from so much blood being taken out of the circulation, and confined in a half stagnant condition in the engorged lungs; so that a small portion suddenly detracted by the operation of venesection, might reduce the system below the point of reaction, or thus induce immediate death. But, as in the case of Pneumonia Notha, when we cannot at all employ the lancet, we may substitute in its place, topical depletion from the chest, by the application of leeches and cups. To this remedy I have again & again resorted with the most unequivocal advantage. Within the few last weeks, I saw a child in the last stage of Croup, apparently in articulo mortis, and immediately relieved it by the detraction of 3 or 4 ℥. of blood by leeches. — As cooperating with the previous remedies, a blister should be applied over the whole chest; or if the case is so urgent as not to allow time for the drawing of the blister, some means of more speedy vesication should be substituted; as cloths wrung

Deoxidation with Nitric Acid

* Last year

out of boiling water, or pledgets of lint dipped in a decoction of cantharides with spirits of turpentine.*—

The subsequent treatment consists in the use of expectorants; and of these, antimonial wine, oxymel or vinegar of squills, a decoction of seneca, either alone or in combination, will answer exceedingly well. Aliment also may be expected, in some of these cases, ~~from the~~ at this period of the disease, from the liberal exhibition of calomel. This is at all times an exceedingly active expectorant, by which I mean an article which enables the bronchial vessels to discharge their load of mucus. When applied at this conjuncture, calomel appears to operate with almost specific efficacy. It is, perhaps, ~~to~~ known to you all, that by some European practitioners, especially those of Edinburg, the management of Croup is confided altogether to the use of calomel. (~~I have seen in the Edinburg Hospital, 2 or 3 drachms of this medicine given in 18 or 24 hrs. to a child 2 or 3 years old. If they had let the child freely $\frac{1}{50}$ of what was administered~~ *(The quantity which has sometimes been given is immense, and would seem incredible, did we not

consider that, in this disease, the susceptibility of the system to the action of remedies, is much diminished. I have seen in the Edinburg Hospital, 2 or 3 drachms of calomel, given during 18 or 24 hours, to a child 2 or 3 years old. If they had used the lancet previously, the susceptibility would + have been awakened, and $\frac{1}{50}$ of what was administered, would have answered equally well.) Among the most strenuous advocates for the employment of calomel is Dr. Hamilton, Professor of Midwifery in Edinburg. He has published to the world as the result of his experience in this disease, that he never knew a case of failure, where this medicine was early & copiously employed. I will not dispute authority so respectable as that alluded to; but I must say, that were Croup as it occurs in our country treated in this way, it would very frequently prove fatal. The disease among us is infinitely more inflammatory, more rapid in its progress; and requires the energetic treatment which I have detailed to you.

L. In my last lecture I gave you an account of the pathology and treatment of croup. It results from what I said on that occasion, that I consider the disease at 1st. as a spasmodic, or inflammatory affection of the trachea, and that in the latter stage it is nothing but Peripneumonia Notha. The practice applicable to the several circumstances and stages of the complaint, I also endeavoured to point out with some degree of precision. But I wish particularly to call your attention to the new view of the pathology of Croup in the advanced stage, which, though not generally entertained and adopted, is fully established, as well by the phenomena of the disease already detailed, as by dissections after death. To this point we have the authority of Dr. Cheyne & Dr. Bailie, not to mention writers of inferior name; and their testimony has been confirmed by dissections carried on in this city.

Much has been said of the existence of a membrane in the larynx, which is supposed to be the cause of death. So much importance, indeed, has been attached to this membrane, that an operation has been proposed and adopted for its removal. That such a membrane

* The account he gave last year is the following.-

Much has been said by Physicians of a membrane which they conceive to be the cause of death. That such a membrane does exist cannot be doubted. Yet a great number of dissections, made both in Europe & America show, that the cases in which it occurs are very rare, amounting to no more than 1 in 500. Under the idea that this membrane interrupts respiration, many practitioners have recommended the operation of Tracheotomy. However well founded this may be in theory, in practice, as far as my knowledge extends it has always been found to fail. It has been tried in Europe & also in this country. If, however, there could be any certainty of the existence of the membrane, it would be warrantable to perform the operation. But I have doubts whether a cure would be effected if the membrane were removed. The affection is not confined to the trachea, but is spread throughout the Pulmonary organs; and, in the latter stage there is an engorged state of the lungs, arising either from the secretion of mucus, or the stagnation of blood.

does occasionally exist there can be no doubt. But he observed that it is of very rare occurrence. Though I have seen 20 or 30 cases examined after death, I have never met with it. Even if it were to exist, I do not know that an operation would be attended with much advantage. The disease does not depend on this adventitious production. There is great obstruction of the ramifications of the bronchia, and the lungs also are in a very oppressed & disordered condition. Even if you were to remove the membrane, therefore, I do not believe you would remove the complaint: at all events you would only palliate it.* —

Two causes have concurred to render ~~Croup~~ Cynanche Trachealis, which is by no means a fatal complaint, so much so that it has been placed by some writers among the approbria medicorum, and by most practitioners has been considered as a highly obstinate and dangerous affection. The 1st. of these causes is a wrong notion as regards its pathology; the 2nd, a feeble mode of management. An impression almost

universally prevails, that children, owing to an extreme delicacy & fragility of constitution, cannot bear any vigorous impression from remedies. As the natural consequence of such an impression, the practice generally adopted is exceedingly inert, exactly of that kind which has been facetiously described by a certain author, as holding a strict neutrality between the patient & the disease, neither declaring for one party nor the other. This is particularly the case on the Continent of Europe. All of you know, that within the last 6 or 8 years, a premium of 10,000 francs was offered by the French Government to him who should ~~give the~~ produce the best treatise on the nature & treatment of this disease. After all, the prize was awarded to a man, who recommended in the management of this case ~~a &~~ nothing but Lepar sulphuris, given in minute doses so as to excite vomiting & to keep up nausea; and the writer declares, that if the practice is persevered in for 2 or 3 days, a cure may be confidently expected. This is one among many signs of the low state of medical science on the conti-

nent of Europe. That at the present day a ~~practitioner~~ practitioner of the best knowledge, should promulgate to the world as a remedy for croup, an article so inefficient as hepar sulphuris, is scarcely to be believed; and yet this discovery has been rewarded by 10,000 francs, & the practice generally adopted, by those who consider the inhabitants of the new world as degenerate in every respect, and particularly in mind. — From my own observation, which has, by no means, been narrow, I entertain a contrary notion relative to the delicacy of children. They possess great tenacity of life & vigour of constitution; and often survive under circumstances which would prove fatal to adults. Children have been found alive at the breast of their mothers who have died from exposure to cold; as is related by travellers and other writers. They confessedly resist contagion better than grown people, and recover with greater ease from ~~an~~ attacks of contagious & other diseases. They also sustain remarkably well, the operation of the more active remedies as vomiting, purging, sweating, blistering, and I may add

the loss of blood. ~~In young children, the fluids bear a greater to the solids proportion to the solids, than in adult subjects~~, During the growth of the body, the proportion of the fluids to that of the solids, is clearly greater than when the system has attained its full size. This fullness of the vessels renders children peculiarly liable to inflammatory attacks; and nearly all of their complaints partake of this character. Hence they often required to be bled, & my own experience convinces me, that venesection may be resorted to ~~in this case~~ with great safety and advantage. No one who is conversant with the diseases of children, and has bled much in this case, can withhold his assent to the truth of ~~this~~ my observation. Endued with extraordinary vital energy, they possess restorative powers much beyond those who are advanced in life. This is proved by their rapid recovery from injuries & surgical operations, and by the celerity with which they recruit their strength, after having been debilitated by the operation of remedies, or of any

disease. On this account, whenever there is any indication of life, however discouraging appearances may be, I never consider the case of children in acute diseases as altogether desperate. Retaining, therefore, some life, as long as any vitality remains, continue to administer to the restorative energies of the constitution; and, by pursuing this course, you will be rewarded ~~by~~ with such success, as will reflect lustre on your profession, and give to your own skill, a glorious triumph.

x Progressive - d Direction

# 64. Pertussis.

Nosologists define Pertussis or Hooping-Cough to be "a convulsive cough occurring at intervals, followed by noisy inspiration; and returning in paroxysms which are usually succeeded by vomiting. This complaint often begins like a common cold, the child having more or less fever. It generally comes on abruptly, and is sometimes early attended with that sonorous, spasmodic inspiration which is denominated the hooping. But, in other cases, a considerable time elapses before this symptom makes its appearance, and sometimes it does not at all happen. After the complaint has become confirmed, the paroxysm consists of a number of short inspirations closely following each other, so as to produce the sense of suffocation to the bystander; and is connected, when violent with effects of an inflammatory nature.

As to the origin of Pertussis there can be little doubt. It manifestly depends on a specific contagion, which, as a general rule, affects the child only

once. To this, however, there are many exceptions: I have several times known the disease to occur twice in the same individuals. But, though ~~the cough~~ Hooping Cough commonly arises from specific contagion, it occasionally appears to depend on the causes producing Epidemics. And very unfrequently, it is so rapid in its progress, & general in its prevalence, that it can hardly be ascribed to contagion alone.

By consulting the various authors on this disease, you will find that there prevails much diversity of sentiment relative to its seat and nature. By some it is placed in the air cells of the lungs, and in the minute extremities, or large ramifications of the Bronchia. It has also been located in the Larynx & Pharynx. By others it is maintained, with much plausibility, to have its primary seat in the alimentary canal, from which a sympathetic affection is extended to some part of the Pulmonary Apparatus. No less diversity of sentiment is entertained with respect to the nature of the disease. By one set it is held to be purely a spasmodic affection; while another, of equal weight of authority, insists

that it exhibits all the phenomena of active inflam=. The fact, however, is, that till very lately, we have been imperfectly instructed as regards the disorder. Dissections of those who died with it were seldom made; and hence, with respect to its precise seat & nature, we had little else than speculation and conjecture. The subject, however, has at length been taken up by ~~Dr~~ an able & celebrated man, Dr. Watt of Glasgow in Scotland, who, to an ample collection of what had been previously ascertained, has added many facts derived from his own personal observation. He conducted his inquiries with the greatest diligence and accuracy, and his conclusions were founded ~~on~~ not only on an attention to the phenomena which presented themselves during life, but also on the dissections of 30 or 40 subjects, who had fallen victims to the disease. It is stated by him, that the organs of respiration are seriously affected in Pertussis, and very much so in the ~~more inflammatory~~ severer cases. He proved the disease to be inflammatory in its nature, and that its chief seat was the mucous membrane of the larynx, trachea, bronchia, and air cells. When mild, he determined, that it would

run its course, and cease spontaneously, without any disturbance of the functions of other parts, or even of the mucous membrane in which it was situated. But, when violent, it often entirely obstructs respiration. Sometimes, in the advanced stage, mucus is so copiously secreted as to stop up the cells, and, by thus preventing the access of air, occasions suffocation. Sometimes, leaving the mucous membrane of the lungs, the inflammation penetrates to parts more deeply seated, proving as dangerous as Pneumonia; producing suppuration in the parenchymatous structure of the lungs, & sometimes tubercles which induce Pulmonary Consumption. Notwithstanding the more correct light ~~thus~~ thrown on the disease by dissections, I have little new to propose in the management. An abundance of remedies has long been at our command, and all that we require, is such a knowledge of the pathology of the case, as to render the application of the medicines uniform & decided. The practice of almost every one in this disease, has been characterized by empiricism, ~~for~~ from the want of principles to guide him, as in complaints which are better known.

Two leading indications obviously present themselves in the management of Hooping Cough. These are, in the first place, to subdue the violence of the symptoms; and in the second, to overcome the habit of ~~long~~ perverted association, by which the disease is kept up & continued, long after the causes which ~~had~~ produced it, have ceased to operate. Taught by the evidence submitted to us by dissections, as well as by the prominent symptoms of the case, we must at once assent to the propriety of meeting the first stage with the directly depleting remedies. But in their administration we must be regulated by sound discretion; and our practice should be adapted to the state & circumstances in each particular instance. Consulted in the case of a child robust, florid, and with a full pulse, I would not hesitate about the propriety of venesection. This is especially demanded by the interrupted circulation in the lungs, and properly employed affords much relief. Exactly as in other diseases, venesection should again & again be repeated, if called for by obvious indications.

Of the various remedies at different periods suggested

* I am not certain
that this is the name..

for the management of Pertussis, I know no one ~~for~~ of which I entertain a better opinion than of Emetics. They ~~act in the first~~ are adapted to ~~each~~ every stage of the complaint, and should be repeated daily, or even twice ~~a day~~ a day, for a week or two in succession. By a steady perseverence in this course, and at the same time by using ~~the auxiliary~~ auxiliary means, we shall generally be able to conduct the patient to a happy issue. After having freely vomited, it then becomes very beneficial to make use of emetics in nauseating doses. ~~We shall~~ These keep down the fever, and at the same time operate very beneficially as expectorants in relieving the lungs from their oppressed condition. Every practitioner, I believe, acknowledges the superiority of ipecacuana & white vitriol in Pertussis. Of these two, however, I generally prefer the Ipecacuana. It is more benient than the white vitriol, and appears to me sufficiently active, for all the purposes for which it is prescribed. But it is right to state that Dr. Kuhn always resorted to white vitriol in these cases. It was his opinion that the

medicine ~~operates~~ not only operates very beneficially as an emetic, but also, by its antispasmodic power, prevented a return of the paroxysm.

All the writers who have described Hooping Cough, take notice of the great tendency to constipation, which occurs in the early stages. This, among other circumstances led to the idea that the complaint is originally seated in the Alimentary canal. But, independent of all theory, we are called on to remove this condition of the bowels, which, if it does not produce, certainly aggravates the disease. For this purpose the mild laxatives, as castor oil, magnesia &c have been generally recommended. But, in my estimation, they do not answer half so well as the mercurial purges. Independently of its purgative effect, calomel seems to exercise over many diseases, and particularly in Hooping-cough a peculiar power. So fact, indeed, is better known, than that active discharges from the bowels, produced by calomel, break down the force & abridge the career of this disease. So much confidence, indeed

* To this custom they have been led, not only by theory, but also by the great success which the medicine met with in the hands of a quack of this city, who was in the habit of using it in the primary stages of ~~pertussis~~ Pertussis — (Notes of Last year)

is reposed in the remedy, that it is the settled practice of the most respectable physicians of this city, to commence the treatment with a mercurial purge.* It is customary to give doses of the calomel at intervals of 3 or 4 days. Whatever theory may be adopted ~~of~~ relation to its mode of action, no doubt can be entertained of its efficacy. To keep the bowels open, it is always preferable over every purgative article.

But while we are endeavouring to make an impression on the disease by general treatment, we should not neglect the use of local remedies. Congestion of the lungs is very apt to take place in Hooping cough; as is indicated by the symptoms already pointed out. Not less to remove these congestions, than to relieve the topical inflammation which is known to occur, ~~blisters~~ blisters are of decided advantage. Co-operating to the same end, we should also resort to leeches or cups, especially if the lungs are much engorged, or in a state of active inflammation.

As I have enumerated, such are the remedies calculated to meet the 1st. indication in Pertussis. They are bleeding, vomiting, the exciting of nausea, active purging with calomel; and the local applications, viz. blisters, cups, and leeches. A majority of cases, however, do not require such active practice. As the disease generally occurs, it is of a mild character; and remedies infinitely less powerful than those which I have indicated, may be employed, and will be found adequate to ~~overcome the disease~~ effect a cure.

Next I am to detail the remedies proper for the 2nd. stage of Pertussis. In the fluctuation of practice & sentiment, the ~~means~~ medicines employed ~~at t~~ in this period of the disease, have been exceedingly numerous & diversified. As the practice has hitherto been very empirical, it is impossible for me to treat of these with any sort of order or method. All that I can do, is to give a cursory account of such of them as are suited to the declining stage of the disease, when there is reason to believe that

the febrile action has been removed.

Most of the narcotics and antispasmodics have been liberally employed at different times, and among the rest opium has not been neglected. By all practitioners, whatever may be their theoretical views, ~~as~~ this article is used as a palliative of the more vehement symptoms. The practice was introduced by Dr. Withering, who ~~so~~ believed the medicine to be possessed of great powers in the cure of Pertussis. My own experience, however, leads me to a different conclusion. Opium will ~~sooth~~ calm the irritation of the lungs, & thus suspend the paroxysm; but this is all that can be expected from it in the complaint under consideration. —

It is now nearly half a century since Cicuta was brought into Public notice, as an infallible cure for Hooping-cough. Coming from such high authority as Dr. Butter, who had previously written a work on the Remittent fever of children, it soon obtained great

popularity. Consulting the works of the time, you will find them replete with attestations of its great virtues. After a while, however, a more extensive experience with the medicine, led to the conclusion that it had not power to cure the disease, and led practitioners to place little confidence in it. Like opium it sometimes palliates the cough, but it makes no beneficial or permanent impression on the disease. I would place it on the same footing with the henbane, night shade, digitalis, and all the other narcotics. - Considering, however, its utility in Asthma, a disease closely allied to Pertussis, an exception, perhaps, may be made in favour of Stramonium. That it is beneficial in Asthma there is no longer any doubt; and, from the analogy which exists between certain cases of this disease & of Pertussis, it is not at all unlikely that it may also be useful in the latter. But I speak altogether from conjecture, as I have not having had the slightest experience with the remedy.

(See next-vol.)

N. Thomas